

Application for EMS Psychomotor (Practical) Exam

This application is for testing on July 30, 2016 at Bismarck State College EMS ONLY

Test Site Location: BSC EMS Building: 500 E Front Street, Bismarck, ND

Entrance is on the North of the Civic Center, facing 7th Street (east side of building), left door under the BSC Logo on the side of the building

Applications must be postmarked by June 24, 2016 or will not be accepted

BSC must be notified by instructor of a cancellation at least 7 days in advance (darci.grunett@bismarckstate.edu).

Name:	<input type="text"/>	ND EMS Course Number:	<input type="text"/>
Street Address:	<input type="text"/>	ND EMS ID Number:	<input type="text"/>
City State, Zip:	<input type="text"/>	NREMT Application ID:	<input type="text"/>
Phone Number:	<input type="text"/>	Note: A ND EMS ID Number and NREMT Application ID are REQUIRED for testing. If you do not have these numbers, you will NOT be allowed to test. Candidates currently enrolled in an ND EMS course are also REQUIRED to have their EMS Course Number in order to qualify for testing.	
Email Address:	<input type="text"/>		

Level of Examination: ☐ EMT ☐ EMT I/85 to AEMT Transition ☐ AEMT ☐ Paramedic

- ☐ Full Initial Practical Examination: Anytime all skills are needed
- ☐ Full Re-Test Practical Examination: Anytime all skills need to be retested.
- ☐ Partial Re-Test Practical Examination: Check specific stations to retest below

EMT Re-Test Stations ONLY:

- ☐ Trauma Patient Assessment
- ☐ Cardiac Arrest / AED
- ☐ Spinal Immobilization: Supine
- ☐ Medical Patient Assessment
- ☐ BVM Apneic Patient
- ☐ O² Via Non-Rebreather Mask
- ☐ Random Skill: _____

ALS Re-Test Stations ONLY:

- ☐ Trauma Patient Assessment
- ☐ Oral "A"
- ☐ Pediatric Intraosseous
- ☐ Supraglottic Airway Device
- ☐ Oral "B"
- ☐ Static Cardiology
- ☐ Adult Ventilatory Management
- ☐ IV Bolus Medication
- ☐ Dynamic Cardiology
- ☐ Pediatric Ventilatory Mgmt.
- ☐ IV Therapy
- ☐ Spinal Immobilization (Supine)
- ☐ Pediatric Resp. Compromise
- ☐ Cardiac Arrest/AED
- ☐ Medical Patient Assessment
- ☐ Random Skill: _____

Enclose the appropriate fee with this form.

- ☐ Full BLS Practical Fee of \$150 Check or Money Order Payable to **Bismarck State College** - NON-REFUNDABLE
- ☐ Full ALS Practical Fee of \$200 Check or Money Order payable to **Bismarck State College** - NON-REFUNDABLE
- ☐ Re-Test individual Station Fee of \$20 per station Check or Money Order payable to Bismarck State College - NON-REFUNDABLE

Please return this form and fees to:

Bismarck State College - EMS / 500 E. Front Avenue, Suite #206 / Bismarck, ND 58504

All Applications MUST be postmarked by June 24, 2016. You will receive confirmation and scheduled time approximately 10-14 days prior to the test site. If you have not received your scheduled time by 7 days prior to the test site, please contact us - darci.grunett@bismarckstate.edu